

Running head: EMPOWERING AT-RISK YOUTH

Empowering At-Risk Youth Through Open Studio: Developing an Evaluation Tool to Assess
Empowerment.

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empowerment

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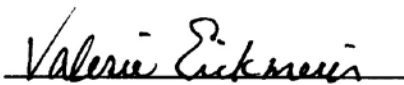
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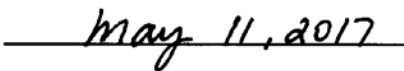
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ABSTRACT

An integrative literature review was used to understand how an open studio approach in art therapy is used with at-risk youth to increase empowerment. The following concepts were explored: risk and protective factors in adolescence, open studio approach in art therapy, psychological empowerment, and self-reporting evaluation tools. Risk and protective factors include family and peer dynamics, educational opportunities, and communication skills. These factors are influential in the development of empowerment. Empowerment is defined as having control over one's life, the ability to identify needs and resources, and the ability to take action. The open studio approach in art therapy supported adolescents by providing them a space to engage in creative experiences that work to build a sense of empowerment. The researcher further synthesized this data to design an evaluation tool to assess how at-risk youth are empowered by participating in the open studio approach to art therapy. The evaluation tool for at-risk adolescents can be used as a guide for therapists to address the protective factors of empowerment and the effectiveness of the open studio approach. This tool can be used as a means to gain the necessary data to demonstrate the efficacy of a studio based approach in art therapy for empowering at-risk youth.

Keywords: open studio, psychological empowerment, at-risk adolescents, evaluation tool, self-report, risk factor, and protective factor

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Dedication

I would like to dedicate this paper to my loving parents, without your constant love and guidance I would not be where I am today. Thank you for always encouraging me not to give up and having faith in me when I do not have any in myself.

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CHAPTER I

INTRODUCTION

Adolescence is a time of discovery and growth; it is a transitional period that marks the passage from childhood to adulthood. During this transition, adolescents take on additional responsibilities as they search for meaning and identity. The burden of these responsibilities and becoming an adult may not be the only difficulty they encounter. Adolescents experience many stressors in their life that may deter their path to a prosperous transition. Those who endure the hardships of poverty, educational barriers, live in an unsafe community, and have minimal support systems, may engage in risk behaviors that could lead to challenges in life. These hardships can also be referred to as psychosocial risk factors. Psychosocial risk factors can be identified as individual, family, peer, and school/community relationships that hinder or negatively affect the quality of life of the adolescent. The National Research Council (2011) defined risk factors as, "... living in poverty, dysfunctional family patterns, substance use in the home...impulsiveness, difficulty with self-control, and sensation seeking, as well as a negative emotional state and neuropsychological defects" (p. 25).

One of the ways adolescents can address these psychosocial risk factors is through art; art can be used to introduce the power of choice (Moon, 2015). In this transitional stage of development and transition, adolescents may be unaware of the power they have to change situations, ideas, and circumstances. Engaging in a creative process can foster empowerment and provide a safe way for these ideas to be explored. Moon (2012) states that,

As a metaphor for life itself, the process of creating art in the therapeutic arts studio is an empowering experience. As the artist works, she has ultimate power to change the

picture. She can add new elements; she can darken or highlight. The artist can, if she chooses, draw over a section and start again. This is an allegory of life itself. Life can be changed if and when the individual decides to change. Adolescents often do not believe they have such power over the course of their own lives; thus, making art becomes an introduction to free will and the power of choice and creation (p. 218).

A wide variety of programs have been developed to intervene and provide support for these adolescents. Such programs as the ArtHive, OpenStudio Project, and the Art Studio have demonstrated the importance of engaging adolescents in the creative process with a focus on increasing empowerment. Empowerment, seen on a continuum, is influenced by both internal and external stimuli. To become empowered one must perceive they have control over their life, be able to identify their needs and the resources they can use, and be able to take action with their new skills.

In this study, an integrative literature review will be used to explore empowerment through an open studio approach in art therapy and will result in the creation of an evaluation tool to assess the development of empowerment. An integrative literature review summarizes past research by drawing conclusions from a vast array of studies, which helps the researcher draw reasonable conclusions (Bromme, 1999). These conclusions will be used to develop an evaluation tool for at-risk adolescents, which can be used as a guide for therapists to address the protective factors of empowerment and the effectiveness of the open studio approach.

Definition of Terms

Art as therapy- an approach used to strengthen the ego and foster sublimation, which focuses on, "...the creative act itself, and its benefits depend on the power of art to transform a child's primitive modes of expression into creative work" (Ulman, Kramer, & Kwiatkowska, 1978, p.30).

Arts-based therapy- "...art remains central to all facets of the work including: conceptual understandings; attempts to understand clients; creation of the therapeutic space; development of treatment methods; interactions with clients; and communications that occur in relation to the work" (Moon, 2001, p. 22).

Art therapy- "Art therapy is a mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem" (American Art Therapy Association, 2013, p.1).

Artistic sensibility - "...the awareness of the self as an artist through the integration of artistic and aesthetic attributes toward self and other" (Thompson, 2005, p. 160).

At-risk youth- Involvement in negative activities that hinder adolescent development (Wallace-DiGarbo & Hill, 2006). Refer to risk behaviors.

Empowerment- The perception of having control over one's life, the ability to identify needs and resources, and take action with what has been learned/acquired (Menon, 1999; Zimmerman, 1995).

Evaluation tool- a research instrument used to measure effectiveness.

Integrative literature review-“...one in which past research is summarized by drawing overall conclusions from many studies” (Bromme, 1999, p.234).

Likert-type-“...measure attitudes...a 5 – or 7-point ordinal scale used by respondents to rate the degree to which they agree or disagree with a statement (Sullivan & Artino, 2013, p. 541).

Open Studio- a term that encompasses “studio art therapy”, “art as therapy”, and “art based approach to art therapy”. A space where art expression is the main focus and goal (Moon, 2001). Refer to “art as therapy”, “art based approach to art therapy”, and “studio art therapy”.

Ordinal- “Data in which an ordering or ranking of responses is possible but no measure of distance if possible” (Allen & Seaman, 2007, p. 2).

Prosocial behavior-behaviors that are based on, “...moral emotions and values...” (Steinberg, 2004, p. 166). They are seen as a behavior that is voluntary and usually benefits another person (Steinberg, 2004).

Protective Factor- something that, “...decreases the potential harmful effect of a risk factor” (Youth.gov, *Risk and Protective Factors*, n.d.). Such as parental involvement, academic success, positive role models, and safe leisure activities (National Research Council, 2011; Wasserman, Keenan, Tremblay, Coie, Herrenkohl, Loeber, & Petechuk, 2003).

Risk behaviors- “acts prohibited by criminal law, such as theft, burglary, robbery, violence, vandalism, and drug use” (Steinberg, 2004, p. 632) also including maladaptive sexual behaviors. A maladaptive sexual behavior is seen as unprotected sex and multiple partners (Steinberg, 2004).

Risk Factor-“anything that increases the probability that a person will suffer harm”

(Youth.gov, *Risk and Protective Factors*, n.d.). Such as, “... living in poverty, dysfunctional family patterns, substance use in the home...” and “...impulsiveness, difficulty with self-control, and sensation seeking, as well as a negative emotional state and neuropsychological defects...” (National Research Council, 2011, p. 25).

Self-Report- completed by people to show “...what they are feeling, what they are doing, what they recall happening in the past...” (Stone, Turkkan, Bachrach, Jobe, Kurtzman, & Cain, 2000, p. ix.).

Studio art therapy approach- “...an intentional, disciplined, art-based therapy practice”, where the “...methods, materials, and characteristics of the arts and the art-making process are the primary constituents of the theoretical and practical applications of studio art therapy” (Moon, C., 2001, p. 22).

Third Hand- one that helps along creativity without distorting meaning, being intrusive, or imposing artistic vision or preferences on a client and their artwork (Moon, 2001).

CHAPTER II

METHODS

An integrative literature review was used as the primary means of inquiry for this study. An integrative literature review is defined as, "...one in which past research is summarized by drawing overall conclusions from many studies" (Bromme, 1999, p.234). This type of review places a broad focus on a research problem from a variety of perspectives to create a larger understanding of this topic. This method of reviewing literature allowed the researcher to explore empowerment, open studio, and adolescence through a variety of disciplines as a means of drawing conclusions. It provided the foundational research needed to develop an evaluation tool that could be used to assess empowerment for at risk youth within an open studio approach.

Information for this literature review was collected using resources available through the Indiana University Purdue University Indianapolis (IUPUI) library. The sources utilized were online resources and websites. The online resources that were used were IUCAT (an IUPUI search engine), GoogleScholar, PsycINFO, PsycARTICLES, ERIC, and Taylor & Francis. Reference lists were used to provide additional resources. In addition, websites were used to collect data on statistics of at-risk adolescents in the United States.

Table 1. Search Engines

<i>Search engines</i>	
Databases utilized	
ERIC	PsycINFO
GoogleScholar	PsycARTICLES
IUCAT	Taylor & Francis

Table 2. Search Terms

Search terms

Art Therapy	Population	Open studio	Empowerment	Evaluation Tools
Art therapy	Adolescen*	Open studio	Empowerment	Evaluation Tools
Art as therapy	At-risk youth	Studio	Empower*	Self-report
Art psychotherapy	At-risk adolescen*	Studio art		Rating scales
		Art		Likert-type

Data Analysis

The data analysis was completed by first reading the resources identified through the search terms. Then, the terms were put into two different literature matrices: at-risk youth and empowerment or open studio and empowerment. The matrices identified the following: author, title and year of the study; the definitions of empowerment, at-risk youth, and open studio according to the article; the outcomes of the study; and the type of research design utilized. Once the matrices were created they were used to synthesize and create a literature review for the study. The information in the literature review informed the conclusions made by the researcher that helped inform the creation of the evaluation tool.

CHAPTER III

LITERATURE REVIEW

Adolescence

Adolescent theory. Early theorists and researchers in the field of child and human development include S. Freud, Piaget, Erikson, Klein, A. Freud, and Mahler. The work of these theorists laid the groundwork for adolescent development while questioning factors around nature versus nurture in the development of infants and children. Each theorist brought a new perspective and way of understanding the human experience. Unlike other theorists, Erikson looked at the full lifespan of a person and how their developmental tasks changed over a lifetime.

Erikson. In Erikson's theory of psychosocial development identity vs. role confusion, adolescents ages 12 to 18 go through a process of questioning the concepts of a permanent identity and who they are choosing to become (Erikson, 1985). The adolescents' need to find a new identity is sparked by genital maturity and rapid body growth (Erikson, 1985). Bodily changes and the transition into adult roles shift the concern of the youth from who they feel they are to who others perceive them to be. This then adds to the confusion of how adolescents are to, "...connect the roles and skills cultivated earlier with the occupational prototypes of the day" (Erikson, 1985, pg. 261). Role confusion may happen as adolescents explore their sexual identity, engage in risk behaviors, and experience emotional turmoil resulting in concerns for their mental and emotional health (Erikson, 1985). This more commonly happens when youth are unable to identify an occupational identity. This state of confusion causes over identification "to the point of apparent complete loss of identity, with the heroes of cliques and crowds" (Erikson, 1985, p. 262).

Erikson noticed that loss of identity is what causes cliques to become exclusive; excluding anyone who is different from their social groups. He defines different as, "...skin color or cultural background, in tastes and gifts, and often in such petty aspects of dress and gesture as have been temporarily selected as *the* signs of an in-grouper or out-grouper" (Erikson, 1985, p. 262). He recognized this reaction to those who are different as a defense, created to avoid confusion of identity.

Adolescent development. Adolescence is a time of transition and change. Apart from infancy, the "second decade of life" is marked by the most rapid biological changes (Moon, 2012, p.18). Moon (2012) identified three relevant stages in adolescence: "early adolescence (10-13 years), mid-adolescence (14-17 years), and late adolescence (18-20 years)" (p. 18). In Erikson's stage of identity vs. role confusion, adolescents are trying to navigate their way through physical, psychological, and social changes.

Neurological changes. In the 1970s there was a move towards understanding adolescence. This new way of seeking information was brought about by the move towards evidence based practices. Since the advent of this research, the adolescent brain has been studied to understand its unique development. It has been found that during adolescence the prefrontal cortex undergoes substantial development (Steinberg, 2004). The prefrontal cortex is the region of the brain identified with controlling higher cognitive functioning which consists of risk evaluation, judgment, and control (Reyna, 2012). In addition, certain areas of the brain experience an increase in myelination, while synaptic pruning occurs in others (Steinberg, 2004). Myelination promotes connectivity and organization, while synaptic pruning involves a decrease in gray matter, meaning that unused connections in the brain are cleared to increase the speed of information (Steinberg, 2004; Reyna, 2011). The adolescent brain is young in its evolution. The

ability to use good judgment, effectively assess risky situations, and control primal impulses have not fully developed yet. This is problematic for adolescents considering the amount of psychical, psychological and social changes that are occurring during this time. As the prefrontal cortex continues to develop, decision making is more thorough resulting in better judgment of situations.

Physical/psychological changes. Physical changes help mark the maturational process of adolescence. These changes include facial hair and breast development, weight gain, maturing of the reproductive organs, and increased height (Moon, 2012). Hormones increase causing more awareness of sexuality and changes in mood. Cognitively, adolescents start to “explore abstractions, examine values, rethink ethical and moral issues, question authority, and plan for the future” (Moon, 2012, p. 19). They begin to explore their identity and who they are as people in the world through searching for meaning and trying to align their talents, interests, abilities, and potentials with who they want to become.

Social changes. In adolescence, relationships are essential and shift from being primarily focused on the family to being heavily influenced by peers. This change occurs because of the need for individuation from the family unit to develop a sense of identity (Moon, 2012). This emphasis on peer relationships often creates conflict within the home because, “...the adolescent expresses a clear desire to spend free time with friends” (Moon, 2012, p. 21). This shift causes tension as the pulling away of the youth changes the family relationships. This strong desire for peer approval can become problematic if one’s peers engage in risky behaviors and influence poor judgment.

At-risk adolescents can be those that are in danger of being involved in the juvenile justice system or those who engage in behaviors that can be harmful to self and others.

Adolescents who are within the juvenile system are usually those who have committed a delinquent or criminal act (e.g. stealing, drunk driving, etc.), or have done something illegal such as truancy, running away, and/or drinking (Youth.gov, *Youth Involved with the Juvenile Justice System*, n.d.).

Social/economic impact of risk behavior. At-risk youth are highly susceptible to engagement in high risk activities (Wasserman, et. al., 2003). It has been estimated that 2.1 million youth in the U.S., under the age of 18, have been arrested in a single year (Puzzanchera, 2009). Out of the 2.1 million about 86,900 are held in detention centers, correctional institutions, group homes, and other facilities (Office of Juvenile Justice and Delinquency Prevention, 2007). Each day it costs about \$240.99 to house youth in state-funded, post-adjudicated residential facilities (American Correctional Association, 2008). At \$240.99 a day, a single youth's residential housing costs \$87,961.35 for one year. In comparison, the average median national revenue spent on education for students in the United States was \$11,745, with the highest cost in Alaska for \$26, 476 (Cornman, 2016). This data demonstrates the high cost of incarceration and residential treatment for adolescents in comparison to educational spending. It is suggested that by increasing protective factors, such as empowerment, youth will be less likely to need such high levels of care and will decrease revenue spent on such services.

There are both risk and protective factors that play a role in whether or not youth become involved with the juvenile justice system. A protective factor can be defined as something that, "...decreases the potential harmful effect of a risk factor" (Youth.gov, *Risk and Protective*

Factors, n.d.). A risk factor can be defined as, “anything that increases the probability that a person will suffer harm” (Youth.gov, *Risk and Protective Factors*, n.d.).

Protective factors. The National Research Council (2011) identifies protective factors as overall functioning that enhances the quality of life of the youth: “...parental monitoring and warm interfamily attachments...bonding with school and succeeding academically...” (p. 25). These supports enhance the adolescent’s protective factors by providing them with a space and individuals who can provide positive models for behavior.

Wasserman, Keenan, Tremblay, Coie, Herrenkohl, Loeber, and Petechuk (2003) expand on the definition of protective factors by breaking it into the four domains: individual, family, peer, and school/community (2003). Youth can be protected from risk behavior involvement by having a higher IQ, positive social skills, and being involved in a religious organization or clubs (Wasserman, et. al., 2003). Family protective factors are having positive relationships between members, good communication skills, economic stability and access to a variety of resources. Peer protective factors are having positive relationships with other adolescents and having healthy and safe leisure time activities (Wasserman, et. al., 2003). Community and school protective factors that help youth stay out of the juvenile system include, being involved in a safe school that addresses both academic and emotional/social needs of students, and being a part of community that fosters healthy interactions with youth.

Risk factors. Risk factors can be identified as overall functioning that hinders or negatively affects the quality of life of the adolescent. Risk factors can be acknowledged as “... living in poverty, dysfunctional family patterns, substance use in the home...impulsiveness, difficulty with self-control, and sensation seeking, as well as a negative emotional state and

neuropsychological defects” (National Research Council, 2011, p. 25). Adolescents without a positive community, educational setting, or an adult role model may seek support and guidance from peers.

Wasserman, et. al. (2003) further expand on defining risk factors by breaking it into the same four domains as protective factors: individual, family, peer, and school/community (Wasserman, et. al., 2003). They found that individuals, who display antisocial behavior, possess emotional factors, cognitive developmental factors, and hyperactivity are more at risk. Family risk factors were identified as parenting style, maltreatment, family violence, divorce, parental psychopathology, familial antisocial behaviors, teenage parenthood, family structure, and family size (Wasserman, et. al., 2003). Peer risk factors are associated with deviant peers, and peer rejection. School and community risk factors come in the form of specific school and community elements including poor academic performance, under resourced schooling, a community of poverty, and high crime are more susceptible to risk behavior. Youth who perform poorly in school are subjected to more school absences which can lead to suspensions and expulsions. A way to promote protective factors and decrease the impact of risk factors in at-risk youth can be to build an individual’s sense of empowerment/foster empowerment. Youth who are empowered exhibit more prosocial behaviors which cause them to be less involved in risk behaviors such as being involvement in the justice system or in delinquent behaviors/patterns.

Empowerment

Empowerment can be defined as the perception of having control over one’s life, the ability to identify needs and resources, and take action with what has been learned/acquired (Menon, 1999; Zimmerman, 1995). Researchers have approached the concept of empowerment

through several different lenses. For the benefit of this study, two will be focused on: psychological and artistic ways of defining empowerment.

Psychological empowerment. In the study, *Psychological Empowerment: Definition, Measurement, and Validation*, Menon (1999) looks at psychological empowerment within an organization and the three components that form the definition. He defined psychological empowerment as, "... a cognitive state characterized by a sense of perceived control, competence, and goal internalization" (Menon, 1999, p. 161-2).

Perceived control relates to how a person feels about control over their schedule, independence, and resources; competence examines coping skills and mastery of the assigned role; and goal internalization is what energizes or excites people to participate in a cause and be changed by it (Menon, 1999). Menon did a quantitative study that utilized a survey. The study looked at the three components of psychological empowerment and assessed which one was most influential. The results noted that goal internalization was the most influential component of psychological empowerment. He noted that the more an individual internalizes the goals of the organization, the more empowered that they feel.

In *Adolescent thriving: The role of sparks, relationships, and empowerment Scales*, Benson, & Roehlkepartain (2001) identified three primary strengths, which include: spark, empowerment, and relationships. Scales, Benson, & Roehlkepartain (2001) discussed the importance of discovering the "sparks" that drive adolescents to be successful. A spark is defined as a "... passion for a self-identified interest, skill, or capacity that metaphorically lights a fire in an adolescent's life, providing energy, joy, purpose, and direction" (p. 264). Empowerment was defined as, "personal power or self-efficacy, community problem solving

belief...” and encompassed both a sense of community and personal control (p. 268). The study defined relational opportunities as “...supportive relationships and chances to develop their interests” (p. 266).

The three strengths, spark, empowerment and relationships were studied to assess their effect on academic outcomes, psychological outcomes, social outcomes, and behavioral outcomes. The results showed that youth who possessed all three strengths, spark, empowerment, and relationships were more successful in all the identified areas of the youth’s lives; rather than those who displayed only one or none of the strengths. Secondly, the results showed that these strengths were a greater determinate of success over socioeconomic status, race, and/or gender (Scales, Bensons, & Roehlkepartain, 2011). The study demonstrated the importance of a “spark” that ignites a fire, relational opportunities that foster the spark, and empowerment to pursue the passions that the adolescent possess as the greatest determinates of success.

In 1995, Zimmerman designed a multi-dimensional approach to psychological empowerment. He proposed that empowerment is made up of not only intrapersonal components but also relies on interactional and behavioral elements. This concept sought to explain empowerment through a comprehensive approach by looking at the entire context of a person. A person who is psychologically empowered has the ability to influence the environment, knows how the system in which they operate works, and reacts to their environment accordingly. The goal of psychological empowerment is to be more informed, skilled, healthy, and involved in decision making (Zimmerman, 1995).

Gullan, Power, and Leff (2013) conducted a program evaluation to assess the rate in which students experienced the Kids for Action program as empowering. Kids for Action

program used empowerment-based community service projects to promote positive development within the communities of minority youth. The goal of the program was to empower youth through the design and completion of a collective service project. The study utilized a quantitative method of a pre and posttest survey to assess the impact of program participation on two developmental outcomes, individual and community competence. In addition, the researchers wanted to know if the act of participation showed significant change in pre and posttest developmental outcomes. These outcomes included enhancing personal goals, strengths, directedness, and the development of a sense of self in relation to the larger community.

The findings of this study showed that there was no major statistical significance between pre and posttests. Even though there was little statistical significance, the study was in favor of the hypothesis, which said that solely participating in a program does not demonstrate long term empowerment. If a further longitudinal study was conducted, the hypothesis infers that there would be some significance between pre and posttest. The research deduced that *how* youth experience the program is what is critical to long term empowerment. The longitudinal findings demonstrated that civic responsibility declined over time. It was also found that behavioral empowerment was the strongest and most consistent predictor of positive outcomes. Participants who actively engaged in making a difference through service reported greater self-efficacy and leadership competence in the posttest. The research found that program success could not be clearly studied by only exploring the outcomes but rather found that by researching the ways that the program operates provides a clearer understanding of success. One primary discovery of the research was that looking at outcomes of a program does not tell why it is prosperous. It was found that it is better to focus on how a program operates in order to assess if it is successful.

The researchers above each explored empowerment, through a psychological lens, and the concluding results showed that empowerment can be defined in many different ways. These ways include interactional and behavioral elements, the perception of having control, and involvement in the community. The commonalities among all of the studies are that internal factors are not the only influencers of empowerment; external stimuli also influence empowerment. This demonstrates that both internal and external stimuli affect our internal experience of empowerment.

Creative Process and Empowerment

Art therapy developed from psychoanalysis with a focus on the concepts of the conscious, unconscious, id, ego, and superego. In psychoanalysis the act of intentional listening by the therapist, or the metaphor of offering the “third ear”, is a means of listening to what is said and the underlying meanings that may be present through the process of free association (Kramer, 1979). Art therapists have integrated and built upon psychoanalytic principles to apply them to the art making process and product. The concept of the “third eye” which is used in, “perceiving meaning in line, color, and sculptural form” (Kramer, 1979, p. 138), is one that was influenced by psychoanalytic principles. This concept was created to explain the unique relationship of the therapist to the art and the client. It shows the attunement art therapists have to the visual representations that their clients create, which parallels the attunement psychoanalysts have to what their clients verbalize (Kramer, 1979). The differences between the two concepts are their main goals. The goal of the third ear is for ego analysis, while the goal for the third eye is ego synthesis (Kramer, 1979). This means that psychoanalysts search for ways to understand the unconscious and bring it to light for a deeper understanding. Art therapists help their clients find ways to understand their unconscious and integrate it into their lives.

In current art therapy practice, the metaphor of the third eye has been developed into the concept of the Third Hand technique. Kramer believed that the two techniques should be used together to inform the art therapist's work with clients. The special vision of the third eye should be used with, "...a 'Third Hand', a hand that helps the creative process along without being intrusive, without distorting meaning or imposing pictorial ideas or preferences alien to the client. The Third Hand must be capable of conducting pictorial dialogues that complement or replace verbal exchange" (Kramer, 1986, p. 71).

The third hand can be seen as having two different ways of being used in the context of art therapy. The first way this technique can be utilized is as an indirect intervention. Kramer believed that creating an environment that allows free expression and good quality materials that are in prime condition is a way of utilizing this technique (Kramer, 1986). She also explained inward participation as an indirect intervention. Inward participation is when the art therapist shares in the process of therapy by bringing their, "...hopes, misgivings, surprises, disappointments, and pleasures..." (Kramer, 1986, p. 72). She believed that there was more to the third hand technique than the physical action of using it as an intervention.

The third hand can be used as a direct intervention, "...offering the right brush or the right color at the right moment, or performing rescue actions as paint oozes or sculptures threaten to fall apart" to help the client... Another example is "...tracing a helpful line in the air or drawing a sketch on a separate sheet of paper" (Kramer, 1986, p. 72). The direct intervention is a way of aiding in the creative process. The therapist can also become the literal third hand for ill or older clients who are unable to create works of art due to the lack of muscular strength or skill. This is done without taking away autonomy of the client but rather replicating the style of the client, allowing the client to make decisions about their art.

This technique was further elaborated in the work of both Moon (2001) and Henley (1995). Moon (2001) refers to “The Third Hand”, which is a technique that helps foster creativity without distorting meaning, being intrusive, or imposing artistic vision or preferences on a client and their artwork (Moon, 2001). This role of the third hand can look like “...setting up an environment conducive to art making, caring for the art supplies, offering the needed art tool or materials at the right time, or providing ‘rescue actions’ when the integrity of a client’s artwork is threatened” (Moon, 2001, p. 210). The concept of the Third Hand demonstrates one of the many techniques the art therapist employs to foster growth and healing in the studio setting. Henley’s (1995) concept of an open studio relies on the Third Hand technique and the concept of the supportive mother. He believes that assisting but also letting participants explore is invaluable to the healing process. This supportive process offers a safe way to explore ones’ creative process without being intrusive or distorting meaning. Similarly, the creative process can foster empowerment by offering choice and an opportunity to safely explore oneself and various experiences through creative expression.

Empowerment on a continuum. Kapitan (2014), viewed empowerment on a continuum. She stated that, “Empowerment is not a state or location that one reaches; rather, it is more like a direction in which to move” (Kapitan, 2014, p. 3). Empowerment is in the hands of the client and through the power of choice during the art process. A partnership between the client and therapist establishes strengths, resources, and an understanding of the context the client lives within. The continuum can be seen as having two sides. At one end of the continuum, art therapy can be seen as empowering because of the power it gives clients to choose and have control over “art materials, the process, and the content” (Kapitan, 2014, p. 2). In the middle of the continuum, art therapists work alongside their clients to build resources, strengths, relationships,

proactive social behaviors, identities, and safe places. At the other end of the continuum, empowerment explores cultural and social transformation. The goal is to move clients from the far end of the spectrum, to the cultural and social transformation end of the spectrum through trying to understand their background and the context of where they live. Once this is considered, the therapist tries to include clients in, “all levels of decision making in ways that reduce silence, isolation, and stigma” (Kapitan, 2014, p.3). Art therapists try to help clients learn that empowerment comes from connecting with others and sharing common experiences.

In art therapy, empowerment can be seen as a journey to be taken where the client becomes more aware of oneself and others. This journey takes place on the continuum described by Kapitan. This continuum begins with the power of choice and through the exploration of identified therapeutic goals; the individual becomes more empowered in their healing process. Empowerment comes from connecting with others and sharing common experiences while developing a unique sense of self. To be empowered one must not only feel like they have control but also be in an environment that allows the space to explore inner power. The open studio is a place that allows for exploration of self and aids in the building and growth of empowerment, allowing individuals to thrive.

Open Studio

In the field of art therapy clinicians practice on a continuum and within this continuum there are a variety of terms used that can overlap in meaning and practice. For example, the terms studio art therapy, art as therapy, and art-based approach to art therapy show significant overlap (Moon, 2001). Studio art therapy approach is, “...an intentional, disciplined, art-based

therapy practice”, where the “...methods, materials, and characteristics of the arts and the art-making process are the primary constituents of the theoretical and practical applications of studio art therapy” (Moon, 2001, p. 22). Art as therapy is explained as an approach used to strengthen the ego and foster sublimation (Ulman, Kramer, & Kwiatkowska, 1978). Kramer believed that art as therapy focuses on, “...the creative act itself, and its benefits depend on the power of art to transform a child’s primitive modes of expression into creative work” (as cited in Ulman, Kramer, & Kwiatkowska, 1978, p.30) The term arts-based approaches to art therapy is a way of approaching practice where, “...art remains central to all facets of the work including: conceptual understandings; attempts to understand clients; creation of the therapeutic space; development of treatment methods; interactions with clients; and communications that occur in relation to the work” (Moon, 2001, p. 22). This way of practicing puts art at the center of it all. It uses art to help inform clinical decisions and professional work.

Thompson (2009) believes that the purpose of the studio is to focus on artistic sensibility. Artistic sensibility is defined as the ability to notice oneself as an artist due to integrating the artistic and aesthetic aspects of oneself and others (Thompson, 2009). The studio model approach focuses on, “...the therapeutic and artistic capacity of the client to discover his or her own artistic sensibility within the structure of the therapeutic alliance and studio” (Thompson, 2009, p. 161). During the discovery process patients are made more aware of themselves and their emotions. Agnes Martin believed that the awareness of happiness increases

“...tolerance for life’s inevitable imperfections and frustrations because it ignites inspiration that can confront and defeat negative attitudes. Although inspiration is always available, awareness of it is often clouded by daily routines and minds that are full of

thoughts; thus, if inspiration should break through, it may be perceived as a rare occurrence” (as cited in Thompson, 2009, p. 161).

For the purpose of this research study, the term open studio will be used and will encompass “studio art therapy”, “art as therapy”, and “art based approach to art therapy. In this study the different aspects of open studio will be discussed to show how empowerment can be addressed within this therapeutic model.

Tenants of open studio. The open studio approach is made up of many different components, with each component playing a crucial role in the success of the open studio model. Kramer (1993) discusses the importance of the environment and the role of the art therapist in the development of an open studio. She addresses the significance of cultivating a space that fosters profound personal meaning in the artwork and establishing a relationship that allows creativity to bloom with the knowledge that the participant will be emotionally supported and technically assisted (Kramer, 1993). Building upon the framework provided by Kramer, Moon (2001) created an outline that served as the structure to what she named the “studio art therapy” approach (Moon, 2001). She identified the physical space of the studio, the role of the art therapist, and the role of the participants within the studio space as being important components of the overall functioning.

The environment. The open studio environment is a physical space that creates the therapeutic milieu (Moon, 2001). It is important to not only think about the surroundings of the space but also how it is being held. An art therapist looks at the environment and how it is organized for clients to interact with and engage in the artistic process. There is a focus on materials, the physical space, the treatment of those who participate, and the art created. It is

imperative for the therapist to maintain the space by being aware that small adaptations can interfere with or enhance the environment. In addition, the environment is affected by those who chose to participate; they help create the milieu and culture of the studio. Lastly a flexible environment should be established to address individual needs as they arise (Moon, 2001).

The art studio is a space where one creates. It could conjure up thoughts of open, quiet spaces that are well stocked with art supplies and filled with natural light. In fact, the basic needs of the studio are privacy, a sink with running water, storage for art supplies and finished art products, and a space that is devoid of worries about making a mess (Ulman, Kramer, & Kwiatkowska, 1978). Due to the large variety of facilities where art therapists' practice, studios range from the one described above, to janitorial closets, living rooms and hospital rooms (Moon, 2001). Even though, for some an ideal open studio is a quiet secluded space "...it is important that art therapy studios maintain a connection *with* the world rather than serve as a retreat *from* the world" (Moon, 2001, p. 75; Kramer, 1993).

Role of the art therapist. The art therapist has a very complex role in the open studio. Their role is to maintain the physical space of the studio, support the milieu, and remain flexible in their approaches to treatment. The art therapist uses their authenticity and love for the arts to inspire and cultivate artistic expression in the client, without dominating and overwhelming them. The art and art expressions in the sessions connect the client and therapist (Moon, 2001). The art therapist uses their training to, "...know when to offer what kind of materials, when to make suggestions or give active help, when to refrain from interfering" (Kramer & Wilson, 1979, p. 139). They encourage participants to choose their own subject matter and only offer ideas when the participant is having a hard time starting, when inspiration is needed, when chaos insures in the art process and discipline is needed, and when specific techniques need to be

taught (Kramer, 1993). Henley (1995) believed that, "...the art therapist must adopt a benign presence, one that approximates Mahler's ideal of the mother during the separation and rapprochement phases of development. "Such benign, yet supportive, presence allows for exploration including those frustrations that naturally accompany the art process" (p. 190).

The art therapist has a responsibility to create a space that is conducive to authentic expressions of art through the materials that are provided and the treatment of the art. The quality of the materials communicates the quality of the session; poor quality art materials can inhibit free art expression and insight. Henley proposes that the setup of the space and the quality of the materials has an impact on the therapeutic outcomes of the participants (1995).

One of the techniques that an art therapist uses is the third hand technique. This technique utilizes direct and indirect interventions to help the client be successful in the open studio environment. An indirect way is through the quality of the materials provided and the atmosphere of the environment (Kramer, 1986). Direct ways the third hand technique can be used are through drawing a sketch on another paper, performing rescue activities, drawing in the air, offering the right materials, and being a literal third hand to a participant (Kramer, 1986). These techniques help the art therapist set up the space in a way that is conducive to creative expression and supports the client in a safe and healthy manner.

The treatment of the art also expresses the quality of the session and the overall therapeutic relationship. The art therapist must consider how the artwork will be handled, displayed, and discussed with the participants. In the therapeutic environment the art is respected, stored in a safe space, and displayed only with the permission of the client (Moon, 2001). Art therapists are held to an ethical standard for the treatment of client work. The

American Art Therapy Association ethical guidelines (2011) state that client artwork is to be treated with respect. The art therapist must obtain written consent, "...in order to keep client artwork, copies, slides, or photographs of artwork, for educational, research, or assessment purposes" (AATA, 2011, pg. 4). Art therapists must also inform clients when their artwork, conversations, or any documentation from therapy is being used for education or otherwise and obtain consent. The guidelines also give the client the right to obtain their artwork at any point in time during therapy and receive it at the end of termination.

It is the ethical responsibility of the art therapist to treat clients and their artwork with respect. Moon (2015) explains that artwork is ethically handled in the therapeutic relationship because it is a part of the client. The art is the third component in a tripartite relationship. This relationship affirms the careful management of the artwork as a representation of how the therapeutic relationship is handled (Moon, 2015).

The group. The art therapy studio is a place where people can gather, learn, and grow from interacting with one another in a group setting. An open studio group can be beneficial to adolescents since they provide, "....safety, structure, and benefits of artistic self-expression and peer interaction with the acceptance and guidance of the artist-therapist" (Moon, 2015, p. 191). This type of interaction is important for healthy development in youth since few things, "...are more important and influential in the lives of adolescents than how they are regarded by their peers" (Moon, 2015, 191).

The art therapy group is successful with adolescents because it does not rely on verbal communication; is a healthy way of expressing oneself; and creates a community among peers to aid in the healing process. Creating art helps improve self-esteem and satisfaction, cultivates

empowerment in a personal and communal sense, and helps form a relationship between client and therapist in a short amount of time (Moon, 2012). Moon found that "...the quickest and most efficient way to form a solid therapeutic alliance with adolescent clients is through making art rather than through discussion" (Moon, 2012, p. 216).

Creative Programs

Empowerment has been explored within a variety of therapeutic settings. These settings include individual and group art therapy sessions occurring within the art studio as well as community based therapeutic art programs that are founded by art therapists. Each type of programming has explored the benefit of empowerment for those who have participated. The power of this work was described by Bruce Moon in his book on adolescents and art therapy. He acknowledged that,

"Words are not sufficient for an adolescent to transform a disempowered stance.

Empowerment is not a process that can be enacted through language alone. There have to be experiences that promote the development of power within the individual.

Empowerment is a process of transformation for the position of victim to that of heroine, and from passive to active engagement with the world" (2012, p. 248).

Art therapy open studio. Several studies have highlighted the benefits of utilizing an open studio approach in art therapy to increase awareness of self and help in the healing process. These studies include The Art Studio and the Open Studio Project.

The Art Studio. The Art Studio, one of the oldest art therapy programs was created for disabled and hospitalized patients. This program believed that, "...the value of art-centered therapy lies in its nonverbal, image-producing nature, with its inherent ability to symbolically and metaphorically help a person discover, uncover, recover, integrate, and gain insight" (McGraw, 1995, p. 167). This program started in 1967, and since then has grown and served hundreds of people using their studio art approach. This approach of therapeutic art allowed patients a place to explore the materials, build skills, and process their lives. The founders of the Art Studio noticed a gap in treatment of those who are ill with a lack of mental support in the healthcare system, which caused anxiety and pain due to the distress of diagnoses and sickness (McGraw, 1995). This program provided patients the opportunity to express what words alone cannot describe, helped them process and integrate parts of self, which then helped with their health and recovery; ultimately allowing them to gain control over their situation (McGraw, 1995).

The Open Studio Project. The Open Studio Project (OSP) was created in Chicago to attend to the after school care needs of middle school aged at-risk youth. This program utilized, "intention, art making, witness-writing, and sharing, as well as no commenting and no forced participants," to create an environment of self-exploration and growth (Block, Harris, & Laing, 2005, p. 33). Each step of the process helped youth assess their inner knowing through art. The youth started the process with intention time which consisted of writing down their intentions for the day and what direction they would be going with their artwork. The youth were then taught different art making techniques and given the opportunity for free expression. Materials were laid out to be used at free will. After creating, they were invited to witness their art and write about it. This could be done in a poetic format, dialogue, descriptive piece, or story. Once

everyone was done they were invited to share or to keep their written pieces to themselves. No one was allowed to comment during the sharing process.

The OSP model believes that, “A person’s creative process will give him or her the therapeutic insight and help needed in its own time and its own way, as each person gains the ability to be open to it” (Block, Harris, & Laing, 2005, p.34). Their main goal is to help youth discover how to use creativity to help themselves. The process is taught as a coping skill and tool for self-management of their high risk lives. OSP is also involved within the community to address the specific issues youth face and make sure their program is accessible to all youth who need it. OSP is effective in working with at-risk youth because of its ability to teach problem-solving strategies, its non-judgmental environment that encourages exploration and risk taking, and the relationship that is built between adults and youth due to free expression of emotions through the creative process.

Empowerment and art therapy. In *Art as Agency: Exploring Empowerment of At-Risk Youth*, the researchers assessed how the creation of art can help empower youth in their daily lives (Wallace-DiGarbo & Hill, 2006). The study hypothesized that the art program would increase autonomy in the areas of family, psychological, and school adjustment, peer influence, deviance, and attitude. The study consisted of twelve participants from seventh and eighth grade identified as “at risk”. The art program consisted of a warm up activity, group discussion, and journal/reflection. Individual masks were created to help students explore identity, symbolism, and self-disclosure; while a community mural taught students how to work together and acquire leadership skills. The surveys conducted at the end of the program found that there was no statistical significance in the data collected. Although, individual participant scores noted that the

most at-risk youth showed improvement in family and psychological adjustment (Wallace-DiGarbo & Hill, 2006).

Prescott, Sekendur, Bailey, & Hoshino (2008), conducted an art therapy study looking at resiliency and homeless youth. The study utilized a mixed-method approach utilizing quantitative and qualitative methods to assess the interaction between the two. The quantitative component assessed the number of times the open studio was attended. This information was used to collect data related to life goal achievements. The qualitative component assessed common themes of how the participants related to the art and the impact the program had on them. The study found a positive correlation between life goal achievements and attendance at the open studio, the more sessions attended the more life goals they achieved. It was also found that giving a voice to the participants was important in understanding the process and outcomes of the quantitative data. Overall the study found that art fosters and improves skills related to scholastic, social, and career success (Prescott, Sekendur, Bailey, & Hoshino, 2008).

Community arts program. An example of a community organization that believes in the healing power of art is the Art Hive. Founded by an art therapist, Janet Timm-Botos, the Art Hive draws on the innate abilities of art to help individuals grow and heal through a community based learning environment. This program seeks to create a “third space” within the community, serving as an in-between for work and home. This space is created to reach those that are marginalized within their communities. It utilizes the healing power of the arts to help, “... shape our identities and learn to see from multiple points of view” (Timm-Botos, 2016, p.161).

This unique environment was created by an art therapist with the intention to help heal others. The art therapist who created this program is not specifically doing art therapy but has

set up a therapeutic environment for people to grow and heal. It could be described as a therapeutic art class. “The therapeutically oriented art class is not a mere duplication of art classes already existing in the community. The art therapist uses knowledge and skills that even the best teacher is unlikely to have” (Ulman, Kramer, & Kwiatkowska, 1978, p. 31). Art therapists have a vast knowledge on diverse populations and diagnoses, which helps to inform split second decisions that teachers would be unable to make. The Art Hive can be seen as a place where these split second decisions are happening.

Evaluation Tools

Research shows that while there are a range of art therapy assessments, there is a gap in assessments designed for an open studio approach. Currently, empowerment assessments focus on empowerment related to school, work, and daily life (Taylor, Smith, Taylor, von Eye, Lerner, Balsano, Anderson, Banik, & Almerigi, 2005; Segal, Silverman, & Temkin, 1995; Menon, 1999; Akey, 1996; Wilson, 1993; Walker, Thorne, Powers, & Gaonkar, 2010). Evaluation tools can utilize various methods to collect information to be analyzed and compared. Quantitative methods are those that can be used for, “delimited questions of covariation and comparison, for instance, looking for relationships between variables and for investigating causality” (Barker, Pistrang, & Elliot, 2016, p.111). Another form of research is the qualitative method. Qualitative methods are used for, “...descriptive questions within a discovery-oriented framework...” (Barker, Pistrang, & Elliot, 2016, p.111).

These types of methods influence how evaluation tools present themselves. There are various types of evaluation tools such as observational and self-report (Domino, G., & Domino,

M., 2006). Self-reports are one of the best way to assess issues with adolescents because they, “...reflect the client’s experience through their own assessment rather than through an observer” (Domino, G., & Domino, M., 2006) and also, “...gives access to phenomenological data that is, respondents’ perceptions of themselves and their world, which are unobtainable in any other way” (Barker, Pistrang, & Elliot, 2016, p. 117). Evaluation tools that utilize a self-report format look at specific information that might not be able to be assessed in any other way (Gonyea, 2005). They have also been known to be, “...quicker and more economical to implement than objective testing or observational studies” (Gonyea, 2005, p. 74).

Self-report. Self-report is an evaluation tool that assesses an individual’s subjective experiences. The three types of self-reports are global, episodic recall, and immediate report. Global self-reports ask participants to make, “global summaries or judgments of their behavior” (Stone, Turkkan, Bachrach, Jobe, Kurtzman, & Cain, 2000, p. 279). This is one of the most common types of self-reports asking participants to recall past events, synthesize them, and respond to the question being asked. “Because of the amount of processing and the multiple levels of processing required, global reports are likely to be most subject to distortion” (Stone, et. al., 2000, p.280).

Episodic recall asks participants to recall, “...information about a single, particular event” (Stone, et. al., 2000, p.280). Even though this type of recall does not ask for integration and summarization of multiple events, it “...still depends on the accurate initial encoding of the relevant data and is still subject to some distortion of retrieval” (Stone, et. al., 2000, p. 280).

Immediate reports ask about the current state of the participant. This type of survey design has the least amount of bias and distortion because it does not depend upon previous

knowledge. There is still the possibility of bias or distortion due to the inability to access relevant information or the willingness to report accurately. Researchers tend not to use this method to gather information because they are uninterested in the current state of subjects; they are more interested in how they react/interact with their environment and how certain circumstances affect behavior. The validity and reliability of self-report evaluations depend on the type of self-reports utilized by researchers. It has been shown that "...bias in self-report can vary with the amount of cognitive processing that is demanded by the question. Bias will tend to be greatest for those kinds of recall that make the greatest cognitive demands on the respondent" (Stone, et. al., 2000, p.279).

Ethical issues. Self-report evaluations aim to assess the subjective experience of an individual and are upheld similar ethical standards and parameters as other evaluations. Participants have the right to informed consent, privacy, and confidentiality (Stone, et. al., 2000). Self-reports have ethical dilemmas that may come about during the administration of the survey. The competence of administrators and the sensitivity of the data that is being handled is a primary ethical concern (Stone, et. al., 2000). Since self-report is one of the most readily available survey type, it is often administered by non-clinical technicians. Choosing non-clinical technicians to administer self-reports can be problematic due to the sensitive questions, and information regarding harm to self, harm to others, or illegal activities (Stone, et. al., 2000, p. 16).

In general, those who collect self-report data (even that of a clinical nature) may consider themselves to be researchers, but in the eyes of study participants, they may be seen as clinicians, as people in a helping profession. If investigators who seek potentially

sensitive information fail to respond in a caring or concerned manner when people open up to them that can be a very meaningful event in these people's lives.

Self-reports hold many ethical issues that researchers should be aware of before utilizing. If these issues are not considered self-reports will be ineffective in gathering research information.

Likert-type scale. The likert scale was developed by Rensis Likert, "...to measure attitudes, the typical Likert scale is a 5- or 7-point ordinal scale used by responders to rate the degree to which they agree or disagree with a statement" (Sullivan & Artino, 2013, p. 541). This scale is used to assess qualitative data in a quantitative manner. The likert-type scale is ordinal data. Ordinal data can be defined as, "data in which an ordering or ranking of responses is possible but no measure of distance is possible" (Allen & Seaman, 2007, p. 2). This means that there is no true zero value, between each statement there is not equal distance. The likert type scale is commonly used for self-report methods (Barker, Pistrang, & Elliot, 2016).

Empowerment assessments. Empowerment can be defined in various ways. How empowerment is defined is usually based on the context it is being described within, researcher of a study, or the author of a piece of writing. For the benefit of this study empowerment is defined as the perception of having control over one's life, the ability to identify needs and resources, and take action with what has been learned/acquired (Menon, 1999; Zimmerman, 1995). In this section empowerment assessments are listed to show the various ways empowerment can be explored. For this study empowerment assessments have been broken up into two categories; personal and psychological empowerment. These two categories are made up of different samples of each type of evaluation. The diverse assessments show the ways in

which empowerment can be explored through a self-report method. Each assessment tailored their questions for the population they were targeting.

Personal empowerment. The measurement *Personal Empowerment Scale* by Segal, Silverman, and Temkin (1995), looked at rating personal empowerment of clients in self-help agencies. This evaluation consisted of twenty questions that assessed perceived choice, financial stability, and choice in relation to leisure activities. This assessment utilized both a 4 and 5-point rating scale and also included a not applicable option. The questions in the assessment focus on personal control over one's life and the influence one has over society.

Wilson (1993) designed the *Self-Empowerment Index* which focused on teacher autonomy. In this assessment, he asked questions that assess internal and external factors that influence autonomy. The evaluation consists of twenty-three questions broken into two sections; nine questions in the internal autonomy items section and fourteen questions in the externally expressed autonomy items section (Wilson, 1993). The *Self-Empowerment Index* was rated using an index/indicator, which used a two statement content (each statement either was for self-empowerment or against self-empowerment) with participants having to rate between the two statements (Wilson, 1993).

Overcoming the Odds Interview developed in 2005 is an interview created to evaluate male gang members, community organization members, and the assets they possess to help overcome odds (Taylor et al., 2005). It can be used as a way to assess internal and external means of empowerment. The assessment consists of eight questions that identify support, empowerment, boundaries/expectations, constructive use of time, commitment to learning,

positive values, social competencies, and positive identity (Taylor et al, 2005). The interview utilized a qualitative means of open ended questions to identify assets (Taylor et al, 2005).

The *Youth Empowerment Scale* created by Walker, Thorne, Powers & Gaonkar was created to assess the empowerment of youth who are consumers of mental health services (2010). This assessment consists of twenty questions that utilized an unidentified rating scale for scoring. The twenty questions touched on topics such as ability to help others, advocacy for mental health services, control over one's life, ability to identify need and resources, and overall view of life (Walker, et. al., 2010).

Psychological empowerment. In 1999, Menon created a scale to accompany his article on psychological empowerment. His assessment looks at the three components he identified previously. The three components of empowerment are as follows; goal internalization, perceived control, and perceived competence. This evaluation was created to assess workplace empowerment. The evaluation utilizes a rating scale consisting of a six-point scale chosen for the 9-item *Psychological Empowerment Scale* (Menon, 1999). The scale ranges from strongly disagree to strongly agree with moderately disagree, mildly disagree, mildly agree, and moderately agree in-between the two (Menon, 1999).

Akey created an assessment called *Psychological Empowerment Scale*, which looked at psychological empowerment in parents of children with disabilities. The evaluation was made up of thirty-one questions. The questions focused on familial choices, organizational skills, and relationships with other parents (Akey, 1996). This assessment focuses on empowering the person in their role as a parent of a disabled child more so than on personal empowerment. This

assessment utilized a five-point rating scale ranging from strongly disagree to strongly agree with disagree, neutral, and agree in between (Akey, 1996).

The evaluations listed above all address how empowerment can be measured in different areas of life. Each assessment is written to capture the perceptions of the person utilizing the self-report. These examples show different ways questions can be worded to understand subjective experiences. They also show the rating scales that can be used to rate the assessments to determine empowerment.

CHAPTER V

DISCUSSION

Overview of results

In researching open studio, adolescents, and empowerment the integrative literature review demonstrate that at-risk adolescents have the capability to be empowered by the participation in an open studio art therapy program. This statement will be able to be tested through an evaluation tool that the researcher created as a result of the literature review.

Adolescence. Adolescence is a time of transition. Youth are going through the process of puberty, cognitive, and relational changes. This time in their lives are marked by the shift of importance from familial to peer influence. It is also characterized by risky behavior due to the prefrontal cortex not being fully developed. Youth can be plagued by the stresses that biological and social change can have on them, they may also be affected by outside resources. Youth can be prone to both risk and protective factors. Risk factors are, “anything that increases the probability that a person will suffer harm” (Youth.gov, *Risk and Protective Factors*, n.d.). Protective factors can be described as something that, “...decreases the potential harmful effect of a risk factor” (Youth.gov, *Risk and Protective Factors*, n.d.).

Both risk and protect factors can occur in four domains of the adolescents’ life. The four domains include individual, family, peer, and community/school. Each domain has a major impact on how the course of the adolescents’ lives go. In the individual domain, temperament, IQ, academic achievement, and emotional well-being can either be a risk or protective factor. In the family domain, familial interactions, marriage status of the parents, communication styles, etc. can affect the youth in a protective or risky way. For the peer domain, interaction with peers

and the choice of leisure activities can either protect or put a youth at risk. The type of community and the quality of the school corporation can also have a major impact on the youth.

At-risk youth are defined as those involved in “risk behaviors” that effect adolescent development. Risk behaviors are, “acts prohibited by criminal law, such as theft, burglary, robbery, violence, vandalism, and drug use” (Steinberg, 2004, p. 632) and also maladaptive sexual behaviors. These risk behaviors can keep adolescents from living a productive life and can cause delinquent involvement. Adolescents who are at risk usually have more circumstances in their life that are risk factors rather than protective factors. Risk factors are things that can increase the likelihood of harm. A few examples of risk factors are an unsafe living environment, dysfunction in the family, impulsive behavior, lack of self-control, and emotional deficits (National Research Council, 2011; Youth.gov, *Risk and Protective Factors*, n.d.). These risk factors can have a major impact on how adolescents resolve the developmental task of identity vs. role confusion, identified by Erikson. By increasing empowerment and prosocial behaviors risk behaviors will decrease.

Empowerment. Youth in general have a hard time understanding the innate power they hold to influence the course of their lives. This is even more exemplified in youth who are involved in risk behaviors. One of the ways this lack of power can be addressed is through empowerment. Empowerment can also help offset the risks that youth face. Empowerment can be defined as perception of having control over one’s life, the ability to identify needs/resources, and the ability to take action. Empowerment can be seen as a direction to move, not just a state or location (Kapitan, 2014).

Being empowered means having control over one's life, the ability to identify needs and resources, and the capability to take action with what has been learned/acquired. The structure of the open studio art therapy program, the group, and the support of the art therapist all allow adolescents a place to learn, grow, and feel empowered. The open studio approach in art therapy supports the development of empowerment. It is believed that this way of approaching the needs of the youth is one of the best ways to help them become empowered because the space, therapist, and group each will help empower them, because of the internal and external support.

Open studio. The research conducted in this study showed that open studio is a concept that can be explained by many different terms in art therapy. Open studio was defined as encompassing the art therapy terms; art as therapy, studio art therapy, arts based therapy. Open studio is a space for exploration

The three main tenants of open studio were defined as the environment, the art therapist, and the group. These three things were chosen because of their impact on the open studio experience. To function the open studio must have a space to operate, an art therapist to facilitate and support, and a group of people willing to participate. Each tenant of the open studio has unique characteristics that make it important for work with at-risk adolescents. The environment is important because it aids in the healing process for clients. The environment includes not only the space but also the materials, the set-up, and how it is held by the art therapist. The art therapist is key to the open studio because of their role within the space. They are seen as being ego supportive, offering a third hand (space set-up, materials, guidance, literal third hand) and holder of the space.

The art therapist's role is to support the milieu, be flexible in their approaches and maintain the space. Being flexible in approaches encompasses both literal approaches and how they choose to support participants. One of the roles of the art therapist is to promote autonomy and allow the participants to choose the subject matter they pursue within the open studio space. In supporting the participants, the art therapist takes on the approach or technique of the third hand within the space. The third hand technique is one that is used to help foster creativity without distorting meaning or being intrusive, imposing artistic vision or preference on the client or their artwork. This technique can be utilized by the art therapist in a direct or indirect manner. An indirect way the technique is used is through the quality of the materials provided and the atmosphere of the environment. Direct ways the third hand technique can be used are through drawing a sketch on another paper, performing rescue activities, drawing in the air, offering the right materials, and being a literal third hand to participants. In this process the art therapist is utilizing the technique to promote success and autonomy. By allowing the participants choice in what they want to create, the art therapist is allowing them to control their situation which gives them a sense of empowerment.

The open studio model's focus on group work is important in adolescence because of peer influence. Being part of a group allows them a space to interact with their peers and communally struggle through this period in their lives. The open studio is a place where people can gather, learn, and grow from interacting with one another in a group setting. An open studio group can be beneficial to adolescents since they provide, "safety, structure, and benefits of artistic self-expression and peer interaction with the acceptance and guidance of the artist-therapist" (Moon, 2015, p. 191). This environment allows adolescents a safe space to struggle

with their identity. It is also a protective factor that can help reduce their involvement in risk behaviors.

Evaluation tool. A self-report model will be used in the creation of the evaluation tool. The self-report will consist of 9 questions. These nine questions will be broken into three sections. The three sections will address the three factors of empowerment. Each section will consist of three questions. The three questions will address the three tenants of the open studio model of art therapy. The three factors of empowerment are perception of having control over one's life, ability to identify needs and resources, and the capability to take action with what has been learned/acquired. The three tenants of open studio are the environment, art therapist, and the group.

The first section will focus on the factor of empowerment of perception of having control over one's life. This section will consist of three questions. The first question will address the perception of having control over the environment in the open studio. The second question will concentrate on the perception of having control in the therapeutic relationship with the art therapist. The third question will attend to the perception of having control in relation to the adolescent group. These three questions will encompass the perception of having control over one's life in the open studio approach to art therapy.

The second section will address the factor of empowerment that concentrates on the ability to identify needs and resources. This section will also consist of three questions, addressing the three tenants of open studio. The first question will focus on the ability to identify needs and resources in regards to the environment of the open studio. The second question will attend to the ability to identify needs and resources in the relationship with the art therapist. The

third question will address the ability to identify needs and resources within the group. These three questions will encompass the ability to identify needs and resources within the open studio approach to art therapy.

The third section will concentrate on the third factor of empowerment, the capability to take action with what has been learned/acquired. This section will consist of three questions, addressing the three tenants of open studio. The first question will refer to the capability to take action with what has been learned /acquired in the open studio environment. The second question will attend to the capability to take action with what has been learned/acquired in regards to the relationship with the art therapist. The third question will address the capability to take action with what has been learned/acquired within the group of adolescents. These three questions will encompass the capability to take action with what has been learned/acquired in the open studio approach to art therapy.

The goal of creating the evaluation tool is to be able to assess how the open studio approach empowers at-risk youth. The layout of the self-report tool reflects the three components of empowerment and the three tenants of open studio. This way of looking at empowerment was chosen due to the findings of the literature review. In the following chapter the evaluation tool is written out and created into a figure.

Limitations of the study

The limitations of this study are the use of a literature review format, only having access to a narrow amount of literature, the time restraint of completing the study within a year, and the bias of the author. In conducting this research the researchers only had access to university resources and community resources. Due to only having a year to complete the literature review

the findings are not as thorough as they could be. The bias of the author limited the outcome of the study.

The delimitations of the study are the terminology that is being used to search the topics and the search engines that are being chosen. Additionally, there was delimitation within the study in the way the researcher chose to define specific terms within the literature review section. The terms were defined in a way that only allowed a specific meaning to be addressed.

Clinical applications

The study was created with the intention to create an evaluation tool that would be able to be used in clinical work. The hope was to create a tool that art therapists could use in their practice to evaluate how the open studio approach increases at-risk adolescents sense of empowerment. In creating this tool art therapists will be able to start collecting data to show if empowerment is increased in this particular environment with this population. If the evaluation tool is able to show that empowerment is increased, the open studio approach will be utilized with this population. The more this approach is used and studied the greater the impact it will have on at-risk youth. As this approach is studied and utilized in an increasing rate the importance and efficacy of art therapy will be recognized and admired. This tool has the ability to become a way for art therapists to track progress and also a way for art therapy to be proven to be effective and an evidenced based way of practicing.

CHAPTER IV

RESULTS

In this study an integrative literature review was used to explore empowerment through an open studio approach to art therapy, resulting in the creation of an evaluation tool to assess the development of empowerment. After conducting the integrative literature review it was discovered that there is no evaluation tool that assesses empowerment of at-risk youth in an open studio approach to art therapy. This finding helped show the need for an evaluation tool. The researcher was able to use the information in the literature review to create an evaluation tool that assesses empowerment in the open studio. This tool was created using the terms of empowerment and open studio that were defined in the literature review. It also utilized that information that was gathered on at-risk adolescents.

Listed below is the evaluation tool the researcher created after conducting the integrative literature review.

Evaluation Tool

Perception of having control over one's life

1. I feel I have control over what I create and how I choose to express myself (Moon)
2. I am able to work independently but still feel supported by the art therapist (Moon, Kramer)
3. I don't not feel pressured to share my artwork (Moon)

Ability to identify resources

4. The open studio is well stocked with materials for me to use in my personal artmaking process (Kramer)
5. I feel comfortable asking the art therapist for assistance when I feel stuck (Moon)
6. I am able to work within the group to find answers and resolve issues (Moon)

Ability to take action

7. I am confident in my ability to express myself with the materials in the open studio (Moon, Kramer)
8. I am able to start creating without guidance or help (Moon)
9. I express my opinion, to the group, when I have a thought or concern (Moon)

Figures 1 and 2 are visual representations of the resources the researcher utilized in conducting the literature review. The majority of the resources used were academic journals followed by books and websites.

Figure 1. Types of resources.

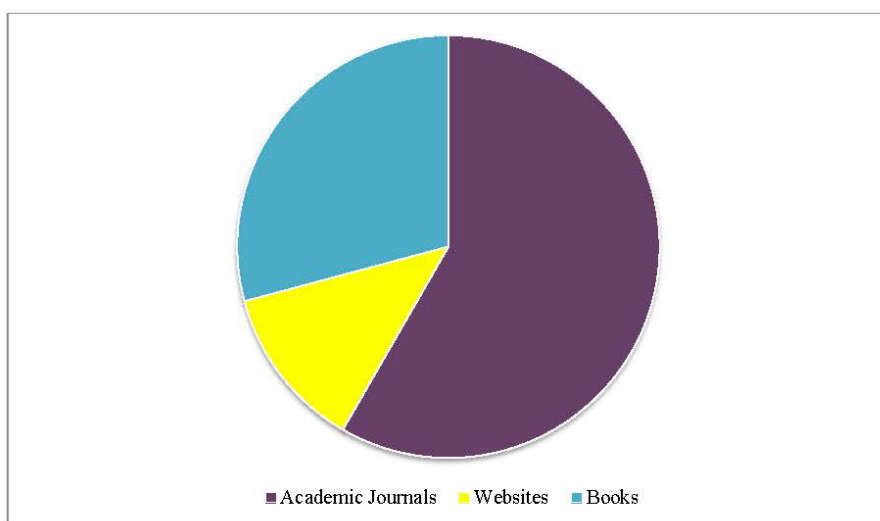


Figure 2. Types of resources, percentages

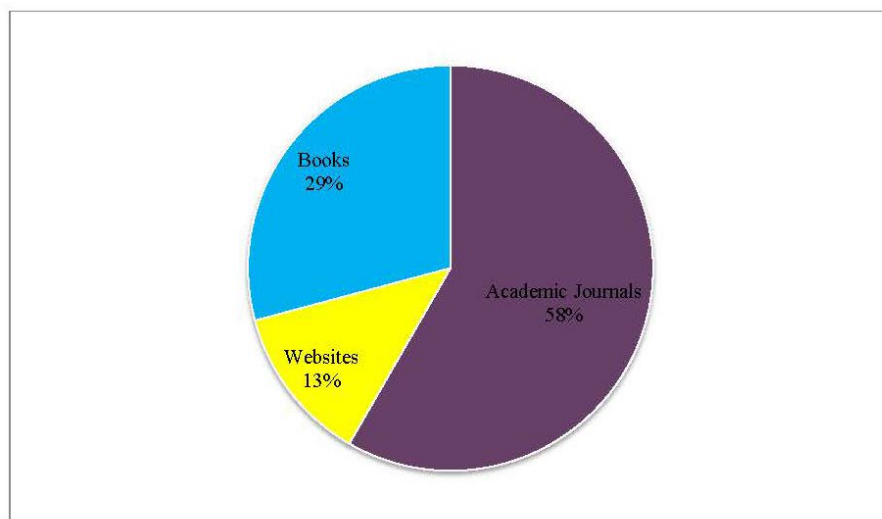



Figure 3. Empowerment Evaluation Tool



EVALUATING EMPOWERMENT THROUGH OPEN STUDIO

PERCEPTION OF HAVING CONTROL OVER ONE'S LIFE	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE	N/A
1. I FEEL I HAVE CONTROL OVER WHAT I CREATE AND HOW I CHOOSE TO EXPRESS MYSELF.	5	4	3	2	1	N/A
2. I AM ABLE TO WORK INDEPENDENTLY BUT STILL FEEL SUPPORTED BY THE ART THERAPIST.	5	4	3	2	1	N/A
3. I DO NOT FEEL PRESSURED TO SHARE MY ARTWORK.	5	4	3	2	1	N/A

ABILITY TO IDENTIFY NEEDS/RESOURCES	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE	N/A
4. THE OPEN STUDIO IS WELL STOCKED WITH MATERIALS FOR ME TO USE IN MY PERSONAL ARTMAKING PROCESS.	5	4	3	2	1	N/A
5. I FEEL COMFORTABLE ASKING THE ART THERAPIST FOR ASSISTANCE WHEN I FEEL STUCK.	5	4	3	2	1	N/A
6. I AM ABLE TO WORK WITHIN THE GROUP TO FIND ANSWERS AND RESOLVE ISSUES.	5	4	3	2	1	N/A

ABILITY TO TAKE ACTION	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE	N/A
7. I AM CONFIDENT IN MY ABILITY TO EXPRESS MYSELF USING THE MATERIALS PROVIDED.	5	4	3	2	1	N/A
8. I AM ABLE TO START CREATING WITHOUT GUIDANCE OR HELP.	5	4	3	2	1	N/A
9. I EXPRESS MY OPINION, TO THE GROUP, WHEN I HAVE A THOUGHT OR CONCERN.	5	4	3	2	1	N/A

Figure 4: Empowerment Evaluation Tool

WHAT WAS THE MOST HELPFUL PART OF THE PROGRAM?

WHAT WAS YOUR FAVORITE PART OF THE PROGRAM?

WHAT WOULD YOU LIKE TO SEE CHANGE IN THE PROGRAM?

CHAPTER VI

CONCLUSION AND RECOMMENDATIONS

Conclusion

Adolescence is a time of confusion and transition. During this period in their lives their biology, social situations, and cognitive functioning change. As these circumstances change so does their responsibilities, they transition from being a child to becoming an adult. This process creates great stress and uncertainty. There are also factors that can influence whether an adolescent becomes involved in risk behaviors. To help prevent involvement the open studio environment can be utilized to help adolescents explore and define who they are in a safe environment. The open studio consists of not only the environment but also the art therapist and the group. By participating in a group adolescents are able to create positive relationships among their peers, which allows them to be successful. Giving adolescents a space to create and work through their inner issues empowers them to take control of their lives and realize the power they hold. It shows them they a choice in any and every situation even if it is only in how they choose to respond to a situation.

The integrative literature review looking at open studio, adolescents, and empowerment resulted in the creation of an evaluation tool to assess how open studio empowers at risk youth. The integrative literature review defined open studio, empowerment, and adolescence to then come up with a reasonable proposal of an evaluation tool. The empowerment assessment tool that was created from this study will benefit the field of art therapy in many ways. In regards to practitioners, it will help show how effective and powerful open studio can be as a tool in helping increase empowerment. This assessment tool will also benefit program development in

regards to the open studio and at risk youth. It may help start more programs that use the open studio model to work with at risk youth and empowerment. The field in general will be greatly benefitted by an assessment that will help prove how effective open studio is in empowering at risk-youth but also give the community another tool to once again prove how effective art therapy.

Recommendations

In creating the evaluation tool the researcher created a resource that other art therapists can use to measure empowerment in an open studio with at-risk youth. It is recommended that art therapists utilize this evaluation tool to study empowerment and the open studio approach. In future research it might be helpful for the researcher to broaden their scope of information. It would be beneficial to study community programs that empower at-risk youth more extensively. In studying these programs the researcher would have a better idea of how an open studio approach to art therapy can be beneficial to this population. To conduct the evaluation tool with a group of at-risk youth the future researcher would need to create a program that would align with the research in the literature review. It would be important to pay close attention to the tenants of open studio and to also look at the current examples of what an open studio approach in art therapy looks like.

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